

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/926005 FILING DATE \_\_\_\_\_  
APPLICANT(S) \_\_\_\_\_

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3			1			
4		3		1		
5		0			1	
6		0		1		
7		1				
8		1				
9		2		1		
10		0			1	
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50						
TOTAL I.D.			3			
TOTAL DEP.			0			
TOTAL CLAIMS			11			